



CLARK COUNTY HEALTH DEPARTMENT

P.O. Box 9825 • Vancouver, WA 98666-8825
(360) 397-8428 • Fax (360) 397-8084

DEVELOPMENT REVIEW APPLICATION

ID # _____

ALL FEES ARE NON-REFUNDABLE; FEES MAY BE CHANGED WITHOUT NOTICE BY BOARD OF HEALTH

PROJECT NAME _____
PROJECT ADDRESS _____ LOT # _____
APPLICANT NAME _____ PHONE _____
APPLICANT ADDRESS _____ ZIP _____
CONTACT PERSON _____ PHONE _____
CONTACT ADDRESS _____ ZIP _____

Directions to site:
(from nearest arterial) _____
Property dimensions: _____
Tax Serial #'s: _____ • _____ Legal description: Quarter _____ Sec. _____ Twn. _____ Range _____
=====
Development Type: Short Plat (# of lots _____); Subdivision (# of lots _____); Conditional Use Permit _____;
Site plan review _____; Other (specify) _____
County/city file #'s _____
=====
Existing Water Supply: Municipal _____; Community well (# homes served _____); Individual well _____; Supply owner _____
Proposed Water Supply: Municipal _____; Community well (# homes served _____); Individual well _____; Supply owner _____
=====
Existing Sewage System: Public Sewer _____ (Purveyor _____); Individual _____; Other _____
Proposed Sewage System: Public Sewer _____ (Purveyor _____); Individual _____; Other _____
=====
Land Use: Current use: _____
Historical uses of this property (for example, dairy farm, landfill, gas station, etc.): _____

=====
Present property owner/s: _____
Past owners, names on existing septic permits, etc. (if known): _____

I VERIFY THAT ALL INFORMATION SUBMITTED BY ME IS ACCURATE:

APPLICANT'S SIGNATURE: _____ **DATE:** _____

¹ Note: Applicant's signature grants Clark County Health Department permission to enter the site and non-residential Buildings.

HEALTH DEPARTMENT USE ONLY			
Flagging provided	Mylar in	Fee	Date
Atlas page	Files pulled	ENS site visit date(s):	by
Application Packet Received By _____	Date _____	ENS site visit date(s):	by _____